

Case Number:	CM14-0191952		
Date Assigned:	11/25/2014	Date of Injury:	03/03/2003
Decision Date:	01/13/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 57 year old male with date of injury 3/03/03. The treating physician's progress report dated 9/25/14 (55) indicates that the patient presents with pain affecting the neck, upper back, lower back, right shoulder, right wrist/hand and left wrist/hand. There is limited information in this progress report, but the physical examination findings reveal there to be no new changes in his ongoing complaints. Prior treatment history includes physical therapy, acupuncture, injection, EMG and nerve conduction studies and aqua therapy. MRI findings reveal mild disc degeneration, broad-based disc protrusion, curvilinear annular fissure and posterolateral disc protrusion. The current diagnoses are: 1.Cervical spine disc rupture, 2.Thoracic spine strain, 3.Lumbar spine disc rupture, 4.Right shoulder internal derangement, 5.Right carpal tunnel syndrome, 6.Left carpal tunnel syndrome. The utilization review report dated 10/22/14 denied the request for acupuncture 2 x 6 for the cervical, thoracic and lumbar spine and right shoulder based on lack of documentation of clinical gains. The utilization review report dated 10/22/14 denied the request for physical therapy 2 x 6 for the cervical, thoracic and lumbar spine and right shoulder based on no recent exacerbation and no documentation of significant exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Acupuncture 2 x 6 for the cervical, thoracic, lumbar spine and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with neck, upper back, lower back, right shoulder, right wrist/hand and left wrist/hand pain. The current request is for acupuncture 2 x 6 for the cervical, thoracic and lumbar spine and right shoulder. The treating physician states that the patient states acupuncture has helped him in the past to manage pain, increase mobility and functionality. The Acupuncture Medical Treatment guidelines state, "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm." Furthermore, "Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." In this case the treating physician has stated that previous acupuncture has "helped" the patient but no documentation is provided regarding specific functional improvements as well as measurable objective gains. Additionally, the treating physician has requested acupuncture for treatment of the shoulder which is not supported by the AMTG. Recommendation is for denial.

Physical therapy 2 x 6 for the cervical, thoracic, lumbar spine and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with neck, upper back, lower back, right shoulder, right wrist/hand and left wrist/hand pain. The current request is for physical therapy 2 x 6 for the cervical, thoracic and lumbar spine and right shoulder. In this case the treating physician reports provided do not address the request for physical therapy nor the previous use of physical therapy. However, an AME report dated 3/03/14 addresses a physician's report dated 4/28/13 in which the patient was prescribed physical therapy two times a week for six weeks. No documentation was provided as to any benefit the patient received from physical therapy. Also an AME dated 11/04/13 stated after a second injury the patient received physical therapy for the low back with "no benefit." The MTUS guidelines state, "Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process." MTUS guidelines recommend 8-10 visits over 4 weeks for neuralgia, neuritis and radiculitis. No new evidence has been provided to establish a need to prescribe

physical therapy again for this patient who has not experienced beneficial results from it in the past. Recommendation is for denial.